

Application for **AFFILIATE MEMBERSHIP**

Name of Organization:

Street Address

Mailing Address (if different than street address)

City/State

City/State

Zip

Zip

Telephone

Fax

Website

Date Established

Number of Full-Time Virginia Employees

Key Personnel:

Owner

Email:

General Manager

Email:

Describe in space below your reasons for making application:

Dues: An amount equal to the number of full-time Virginia employees, with a minimum of \$250 and a maximum of \$500. Dues are billed annually in July. Submit this form with payment of one year's dues.

Submitted by: _____ Date: _____

Office Use Only: Approval of Membership _____ Check Rec'd: _____

Executive Director Signature: _____